

Incident Form

Louisiana Department of Revenue Office of Charitable Gaming PO Box 1631 Baton Rouge, LA 70821 Phone: 1-800-562-9235 www.ocg.louisiana.gov

☐ Bingo Patron ☐	Organization			
(check one)				
First Name	Last Name	Phone	Phone Number	
Street Address	City	State	Zip Code	
Name of Hall	Name of Organization	Date ar	nd Approximate Time of Incident	
Witness (if any)	Address	Phone	Phone Number	
Witness (if any)	Address	Phone	Phone Number	
	aint or Response: (attach additi			
Signature		Date	License Number (organizations only)	



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Witness Statement (attach additional sheets if necessary)				
Witness Signature	Date			